

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
	A. Signature X. Elauric Appla □ Agent □ Addressee
2105 4522 6440 0001 6999	B. Received by (Printed Name) C. Date of Delivery 7-6-10
. Article Addressed to:	D. is delivery address different from item 1? Yes if YES enter delivery address below: No
Belinda Cumings 200 West Washington Street Phoenix, AZ 85003	
6/29/2010 12:52 PM	3. Service Type X Certified
	4. Restricted Delivery? (Extra Fee)
File: RR-03639A-10-0233	

PS Form 3811

Domestic Return Receipt